

**SAN BERNARDINO COUNTY
SUPERIOR COURT**

VENDOR CODE						COMMENTS (96)					

LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 0		
LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 0		
LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 0		

DOCUMENT ID:	
PV	
TRANS DEPT. PV NUMBER	
DOCUMENT TOTAL	
\$	

Page ____ of ____

APPOINTED ATTORNEY FEES

Criminal, Delinquency, Appellate

(PLEASE TYPE OR PRINT LEGIBLY) <input type="checkbox"/> CHECK HERE IF NEW ADDRESS				I hereby certify under penalty of perjury that the foregoing claim for services is true and correct (CCP 2015.5), that I have been continually duly licensed to practice as an attorney in the State of California for the time period during which the services claimed were rendered, that I was appointed pursuant to applicable California Code to represent the named client, and that no part of this claim has previously been presented or paid.	
CLAIM OF _____ BAR NO. _____				CASE NO. _____	
ADDRESS _____				CASE NAME _____	
CITY, STATE _____ ZIP _____				APPOINTMENT DATE _____	
E-MAIL _____ PHONE _____				<div style="display: flex; justify-content: space-between;"> Declarant _____ Date _____ </div>	

CHECK TYPE OF APPOINTMENT: ☐ Felony — Complaint; ☐ Felony — Informational/indictment; ☐ Complex Felony (LRC 1403); ☐ Misdemeanor; ☐ Delinquency; ☐ Appellate Division**

All Fees per Local Rules of Court Chapter 14 — All claims for attorney fees must be submitted within sixty (60) days of completion of case per Local Rule of Court 1414.

Note: * Billing must follow structure of Local Rule of Court Chapter 14 categories. Attach additional pages with itemized detail by date and time as required.

** Claims for Appellate Division cases must follow the fee schedule structure in Local Rule of Court 1404.

	DATE(S)*	AMOUNT
Appointment Fee (includes conferences, preparation and appearances except as specifically authorized by applicable Local Rules of Court)	_____	\$ _____
Appointment to represent additional pending cases for same client per applicable Local Rule of Court	_____	\$ _____
Court appearances as specifically authorized by applicable Local Rules of Court	_____	\$ _____
Trial (full day/half day) per applicable Local Rules of Court	_____	\$ _____
Violation of Probation Hearings per applicable Local Rules of Court	_____	\$ _____
Violation of Probation Hearings for additional pending cases for same client per applicable Local Rules of Court	_____	\$ _____
Motions and/or hearings per applicable Local Rules of Court	_____	\$ _____
Appointment to represent witness per applicable Local Rules of Court	_____	\$ _____
Mileage if specifically authorized by Local Rule of Court 1402(a)(9), 1402(b)(8), 1403d.	_____	\$ _____
Out-of-court time reasonably expended at Court discretion if specifically authorized by applicable Local Rules of Court. Attach additional pages with itemized detail.*	_____	\$ _____
Special expense(s) at Court discretion and pursuant to Local Rule of Court 1415 (original receipts required):	_____	\$ _____

ADDITIONAL CLAIM FORMS AND THE COURT'S LOCAL RULES AND APPOINTED SERVICES FEE SCHEDULE ARE AVAILABLE ON THE COURT'S WEBSITE: www.sbcounty.gov/courts/

CLAIM TOTAL \$ _____

The Auditor/Controller of the County of San Bernardino is hereby directed to issue a warrant in the amount of \$_____ in payment of attorney fees and costs to the above-named declarant.	I certify that the above services were directed by the appropriate authority and verified in accordance with established procedures.
<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Judge Date </div>	<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Verifying Official Date </div> <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Approving Authority Date </div>

APPROVAL FOR PAYMENT: I hereby certify that I have examined the facts of the transaction herein set forth as evidenced by the information hereon and documents attached hereto. All verifications, certification, and checking of computations required by the Government Code have been complied with and this claim in the total amount shown is hereby approved for payment.

COUNTY AUDITOR/CONTROLLER BY _____ DATE _____